

PART B - FEE(S) TRANSMITTAL

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7599 02/06/2009

RENT FOX KINTNER PLOTKIN & KAHN, PLLC
 Suite 600
 1050 Connecticut Avenue, N.W.
 Washington, DC 20036-5339

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APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/06/2.423	02/05/2002	Kazuyoshi Arimura	024016-00026	4088

TITLE OF INVENTION: FREQUENCY MULTIPLIER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$1510	\$1510	05/06/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				

BHATTACHARYA, SAM 2617 455-112000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev. 03-07 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the name of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____

2. **Arent Fox LLP**

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assigned name will appear on the patent. If an assignee is identified below, the document has been filed for reexamination as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Fujitsu Microelectronics Limited

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

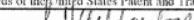
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2300. (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Juliana Haydoutova

Date May 1, 2009

Typed or printed name _____

Registration No. 43,313

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